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# Health 2.0: The next big 2.0?

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# Health 2.0: The next big 2.0?

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**By Jeff Cain**

Web 2.0's underlying philosophy of openness, user-driven choices, and connections has been extended to almost every domain that is seeking a new identity. Over the past several years, the 2.0 suffix has been attached to just about every topic imaginable. We now have education 2.0, shopping 2.0, business 2.0, library 2.0, government 2.0 and the list goes on and on and on. The 2.0 placed at the end of a term usually signifies more than just a second generation/version of something; it represents the aforementioned characteristics of Web 2.0.

We should not be surprised that this philosophy has spread to the different areas of our lives. I agree with the statement that most of us are now "e-people". A myriad of everyday tasks such as banking, social conversations among friends, and job searchers can now easily be completed in a digital environment. One of the lesser-known domains, which has not received a lot of attention, is health care.

Health 2.0 is an emerging, broad, and sometimes controversial topic that could be discussed ad nauseam at different levels. With potential changes on the horizon due to stimulus funding and health care reform, Health 2.0 may eventually come to full fruition. The focus of this article will be to briefly explain Health 2.0 and provide a few examples that illuminate the concepts.

What does Health 2.0 look like? What are the distinguishing characteristics? As with most other things labeled 2.0, there is not a definitive answer. Experts in the field still debate over what Health 2.0 actually is. Some focus on the online social connections between health care providers and patients. Others stake the importance on electronic personal health records. A third contingent concentrates on patient/consumer empowerment.

Finding a commonly accepted definition is difficult, but one of the best definitions incorporates numerous aspects of the Web 2.0 philosophy. Health 2.0 (or the broader term, Medicine 2.0) is the compilation of "...Web-based services for health care consumers, caregivers, patients, health professionals, and biomedical researchers that use Web 2.0 technologies and/or semantic web and virtual-reality tools, to enable and facilitate specifically social networking, participation,

apomediation, collaboration, and openness within and between these user groups.” [1]

The breadth of that definition alone indicates just how massive an undertaking it is to revolutionize the philosophy of the health care industry. Health 2.0 involves all participants in the health care environment, but possibly the most important thing to understand about Health 2.0 is that it is primarily bottom-up and consumer driven. Unlike other areas of health informatics such as computerized physician order entry (CPOE) that are system driven, the patients are the ones who are pushing for changes in the health care environment.

### Examples of Health 2.0 applications

Because we are quickly becoming an e-society, we are beginning to expect the convenience and efficiencies of new media to encompass all aspects of our lives. Who among us has not completed forms at the doctor's office and answered the same set of questions again for the umpteenth time? We also probably know someone who could benefit from peer support of others afflicted with the same medical condition. These are exactly the types of needs/desires that are driving the development of some exciting Health 2.0 applications. Many companies, including Google, are developing applications for patients to retrieve, enter, maintain, store in one online location, and selectively share their own health records and information. Rather than rely on communication among physicians and other medical staff, individual patients can house all of their medical records on their Google Health [2] site and *maintain control* of that information.

PatientsLikeMe [3] is one example of a thriving application developed from one family's desire to provide the best quality of life possible for a young man diagnosed with ALS. This site provides a social community for patients with various disease states to connect with others, describe in detail their afflictions, and discuss treatments and strategies to cope with their disease. Both of these examples highlight the trend toward a patient participatory [4] model of healthcare. The Health 2.0 consumer has more information, more resources, and more control over how s/he seeks, researches, and receives health care. Many of us spend hours online reading reviews of items such as television sets so that we can get the best one at the best price. Why shouldn't we do the same when choosing physicians, hospitals, and forms of medical treatment?

### Obstacles to Health 2.0

The road to Health 2.0 is neither clear nor well marked and for even a moderate transformation of the current system to occur, there are numerous obstacles, issues, and barriers to overcome.

First and maybe foremost, is the huge task of breaking down the barriers within and among the health care institutions and firms. While Web 2.0 and Health 2.0 are about openness, sharing, and user-driven choices, health care has traditionally been an inward-focused and closed society. Web 2.0 is about risk-taking. Health care institutions are about risk-aversion. Hospitals, physicians, and drug manufacturing companies do everything within their power to control information in order to avoid harm to the patients, bad publicity, and lawsuits. Even the most

willing physicians and drug manufacturers are constrained by government regulations that were established to prevent harm and protect patient privacy. [5]

The development of business and financial models for Health 2.0 services is another major hurdle. Developing Health 2.0 applications is one thing, but attracting a critical mass of users and finding funding sources to maintain those systems over time is another. Web servers and programmers cost money and the businesses must find a way to recoup those expenses. In many cases selling advertising space on the site is not enough, and fee-based subscriptions can hinder adoption by users. We are accustomed to not paying for social media services like Facebook, YouTube, and Twitter. Convincing the users of the value gained from fee-based applications is not an easy task.

Similarly, the mechanisms are not there yet for physicians and other health care providers to receive compensation from insurance companies for online and social media involved interventions. Rightfully so, many are reluctant to participate in these types of transactions without receiving just compensation. There is also the ever-present issue of blending personal and professional lives. While some physicians have opted to use popular social media applications like Facebook to interact with patients, there are many who do not want to cloud the physician/patient relationship with online social connections and communications. [6]

## **Future of Health 2.0**

I usually refrain from predicting the future until after it has occurred, but I do have some thoughts on future developments in Health 2.0. First and foremost I believe that the principles behind Health 2.0 will remain. Openness, user control, and connections are highly valued attributes and those will continue to be demanded as younger generations mature and begin to utilize the health care environment more frequently. Younger generations are heavier users of social media than older generations, so one can reasonably expect them to want to continue using them (or their future iterations) as they age. Health 2.0 applications will evolve over time as the technology advances and other user needs are identified.

As mentioned previously, financial sustainability is an issue with many start-ups. Even with a good technical product, an adequate business model is necessary for long-term success. Just like other Web 2.0 applications, there will be more failures than successes. However, some companies will find a niche area to target and develop a method of receiving income for their service. PatientsLikeMe, for example, attracted a critical mass of users who desired the peer support and community that the company offered. Secondly, the company understood that there was a market for the information they collected and developed a means to obtain revenue from it.

Finally, there will be lots of angst, consternation, and pessimism by many who cannot envision a healthcare environment in which patients have control of their records, can use online resources to critically evaluate physicians, and can find sources of medical information from other patients.

For some, the reasons are based upon the disbelief that companies can successfully implement and maintain these applications. Others may fear negative consequences of transparency across all health care environments. They immediately foresee lawsuits. Still, a third concern stems from a fear that patients will suffer when medical professionals are removed as the gateway to health information.

These are all valid concerns and only some of the issues that must be worked through. However, if you listen closely to the conversations occurring in the social media world, you will realize that there are strong advocates for changes. Many of these advocates utilize social media to continue the conversation and drive change. Within Twitter, you can search for the hashtag #hcsdm to receive a rich feed of conversations regarding health care and social media. You can also use Twitter to follow @SusannahFox, @drwalker\_rph, and @ePatientDave who are leaders in this field to find out more about the imminent changes upon us.

#### Endnotes

[1] Eysenbach G. Medicine 2.0: Social networking, collaboration, participation, apomediation, and openness. J Med Internet Res. 2008; 10(3):e22.

[2] <http://www.google.com/health/>

[3] <http://www.patientslikeme.com/>

[4] Participatory medicine. Available at: [http://en.wikipedia.org/wiki/Participatory\\_medicine](http://en.wikipedia.org/wiki/Participatory_medicine). Accessed February 25, 2010.

[5] Colaizzi, M. Despite regulation, cool things are brewing in healthcare and finance. Available at: <http://smartblogs.com/socialmedia/2010/02/08/despite-regulation-cool-things-are-brewing-in-healthcare-and-finance/>. Accessed February 24, 2010.

[6] Cohen, E. Should you 'friend' your doctor on Facebook? Available at: <http://www.cnn.com/2009/HEALTH/09/03/friending.your.doctor/index.html>. Accessed February 24, 2010.

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